ORAL ENDOTRACHEAL INTUBATION – PEDIATRIC
(Less than 15 years of age)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Non-responsive and apneic patients.

2. Patients with agonal or failing respirations, and/or no gag reflex.

Procedure may **initially** be contraindicated with suspected ALOC per Protocol Reference #14050, Pediatric Altered Level of Consciousness.

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts. Use in-line cervical stabilization.

2. Immediately prior to intubation, consider prophylactic Lidocaine 1.5mg/kg IVP for suspected head/brain injury.

3. Select Stylet with appropriate tube size.
(Uncuffed tubes should be used on patients less than eight (8) years of age)

    a. Visualize the vocal cords with the laryngoscope. Watch as the tube passes through the vocal cords. Advance the tube until the vocal cord marker is situated beyond the vocal cords. Placement efforts must stop after twenty (20) seconds for ventilation.

    b. Listen for breath sounds, resume ventilation with 100% oxygen and secure the airway. Place all patients under the age of eight (8) years in full axial-spinal stabilization.

    c. Monitor end-tidal CO_2 and/or pulse oximetry.

    d. Document verification of tube placement.

4. After two (2) intubation attempts, Base Station contact is required. (An attempt is considered made when the tube passes the gum line.)

5. If all procedures to establish an adequate airway fail, consider Needle Cricothyrotomy per Protocol Reference #10070 if patient is at least two (2) years of age.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an Incident Report must be completed by the receiving hospital and forwarded to ICEMA within 24 hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.